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Sent: Friday, July 21, 2006 9:24 AM
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To: Patrick Kenney, Board President
Rhoda Miller, Executive Director

From: Susan Madden, Quality Improvement Specialist
Developmental Disabilities Program

Subject: Comprehensive Evaluation of Resource, Support and Development, Inc.
June 16, 2006

Scope of Review:

All DDP-funded services provided by Resource, Support and Development, Inc. were reviewed on an on-going basis during the year and as part of this Quality Assurance Review. Included in this report are the results of on-site visits to all program sites, a review of the Individual Planning paperwork and program data for a 10% sample of consumers served and 100% of the Community Supports consumers, staff questionnaire surveys with staff at all program locations, a review of criminal background checks and orientation training, and review of the RSD Policy and Procedures Manual.

General Areas

A. Administrative

Significant Events from the Agency

- The average wage for individuals in services increased in four of the five work programs.
- Billings Activity Program exceeded their goal to provide community integrated activities for individuals.
- Individual satisfaction survey results for work/day services and residential services were both above 90% satisfied with their outcomes.
- RSD moved 6 medically fragile individuals from MDC to the new Kathy Group Home in Billings where they also provide an in-home day service program.

Policies and Administrative (DDP) Directives

- The RSD Policy and Procedure Manual was reviewed and found to be in compliance with DDP requirements and directives.
- Orientation and training records for seven staff were reviewed and reflected RSD was

providing the orientation and training outlined in the policy manual meeting contract requirements.

- Criminal background checks were reviewed for a sample of seven recently hired staff. All seven were found to have completed background checks on file.
- Documentation of evacuation drills was reviewed with no deficiencies noted.

Licensing

- All group homes operated by RSD were found to have current licenses issued by the Quality Assurance Division. The Quality Assurance staff that monitors RSD homes were both contacted and report there were no deficiencies nor corrective plans of action noted.

Accreditation

-Accreditation is no longer a contract requirement and RSD has decided no to pursue further accreditation with CARF.

Agency Internal Communication Systems

-RSD is a very large corporation with satellite services in four different communities. Management meetings are attempted monthly with representation from each program site in attendance. RSD historically has done well with maintaining internal communications over a wide geographical area. RSD continues this practice and in spite of all the system changes, information is passed on to all the satellite managers.

Fiscal

-DPHHS's Desk Review of RSD's FY05 audit found no instances of non-compliance, reportable conditions or material weaknesses. RSD had close to \$900,000 cash in excess of the FDIC insured limits. According to DPHHS audit division, this is a credit risk which could be reduced by spreading out the accounts or working with a financial institution that would be willing to collateralize these funds. RSD has submitted end of the year financial reports and budget reports within established timelines with an approved extension.

Appendix I

-Prior to July 1, 2005, there were no Appendix I tasks mutually agreed upon between the QIS and RSD on which to report. As of July 1, 2005, an Appendix I item was added in Red Lodge for the manager to meet monthly for one hour with the QIS and the Targeted Case Manager to resolve any outstanding client issues. This task has been difficult to meet based on scheduling. We have made good effort to resolve the scheduling issue and we did meet 5 of the 8 months. These meetings seem beneficial to all parties and seems to be opening communication in a very strained working environment.

Specific Services Reviewed**A. Residential****Accomplishments**

As noted previously, RSD Kathy Group Home is now serving 6 medically fragile individuals who formerly resided at MDC. This is a very nice home set up like the Lake Elmo home.

Programmatic Deficiencies

-No significant programmatic deficiencies were identified.

Corrections to Deficiencies

-No corrections to deficiencies were required.

I. Health and Safety**Vehicles**

-The RSD vehicle inspection checklist information was reviewed. Each program site with vehicles conducts internal inspections monthly. External inspections are conducted quarterly and annually. Staff receive orientation training prior to driving any agency vehicles.

Consumers

-RSD was given a commendation on a QAOS dated 2-24-06 for an excellent job of meeting the health care needs of individuals they serve across all service sites. Consumers have regular physical and dental examination and receive prompt medical attention as situations arise. RSD staff is proactive in this area.

Medication Safety

-All RSD sites keep all medications stored in locked areas where only staff have access. RSD staff who have successfully passed the state Medication Certification Exam (or have a current nursing certificate) distribute medications as per the doctor ordered prescriptions. All distribution of medications is documented.

Sites

-RSD strives to keep up on maintenance in all their homes. The homes are clean and tidy. Individuals living in the homes are allowed to decorate their bedrooms as they prefer. Staff often have assisted folks to get these areas put together as per individual choice.

II. Service Planning and Delivery

Individual Planning (Assessment, Implementation, Monitoring)

-Individual Plans and the implementation of objectives set by the IP teams were reviewed for a 10% sample of individuals served at each program site. Plans were found to be based on individual desires as well as assessments completed by agency staff. The Billings program sites complete thorough assessments summaries for team members. The objectives set by IP teams were to be implemented as specified in the plans with very few exceptions, LEGH. These issues should have been discovered during internal monitoring and IP Quarterly Status Reviews. I would suggest a review of internal monitoring procedures in regards to IP goal implementation.

- The congregate living site in Lewistown was in the process of "cleaning out" their data books as they contained much old information. A QAOS sheet was written on 1-11-06 regarding a behavior program where trained staff names were not updated. A call was made to the manager of this program site on 2-16-06 as a reminder that a

response had not yet been received. This response was completed.

Leisure/recreation

-Leisure and recreation logs were reviewed at all sites. All sites had recreational activities recorded. Most sites were recording the leisure activities. The sites that were not recording the daily leisure activities did have preferred leisure activities for each individual available to staff. I have discussed the need to track this information with the sites that were not recording the activity of choice daily and this issue has been resolved. QAOS sheet dated 2-24-06 was completed to offer a commendation to Snowy Mountain Industries-Supported Living complex for their efforts to assist folks with participation in a community bowling league. This is great integration!

Client Rights

-Individual's rights continue to be a top priority corporation wide. RSD strives to serve folks with these rights in mind. Client rights and responsibilities are part of the orientation training with all staff. RSD encourages individuals to advocate for their rights as much as they are able. No rights violations were noted.

Medical/Health Care

-As noted previously, RSD does an outstanding job of meeting the health care needs of the individuals they serve.

Emotionally Responsible Care Giving

-In December of 2005, RSD training staff participated with DDP staff in Emotionally Responsible Care Giving training. Staff from all RSD sites attended this training session. At all of the RSD sites the interactions between staff and individuals appear to be respectful and caring. It is obvious in my observations individuals are comfortable with their caregivers.

Consumer Surveys

-Consumer surveys conducted by individual case managers were reviewed for each individual in the 10% sample. All surveys indicated satisfaction with services received and no deficiencies were noted.

Agency's Consumer Satisfaction Surveys

-RSD did complete a consumer satisfaction survey this past year. Parents and guardians were also surveyed. The results of these surveys indicate a positive satisfaction from those involved with our population. RSD utilizes the surveys to improve services.

III. Staffing

Screening/hiring

-The RSD policy manual has detailed instructions for screening and hiring of new employees. The personnel records for seven recently hired staff were reviewed and all were found to contain completed criminal background checks.

Orientation/training

-The personnel records of seven staff were reviewed. These records reflected documentation of orientation and training being completed. Staff interviewed during the review indicated they felt they had been adequately prepared to perform their job duties.

Ratios

-The staff to client ratios were checked monthly at various times throughout the year and were found to be in compliance. There was one occasion during a critical investigation review where the staff to client ratio issue was questioned. A QAOS sheet dated 2-23-06 addressed the issue and it has been corrected.

Staff Surveys

-A sample of staff at each program location participated in the Quality Assurance Staff Survey. QAOS sheets dated 1-11-06 were completed regarding the deficiency of Supported Living staff being unaware of the need to implement a medication objective whenever the environment changes or there is a new medication added and a Behavior Management Program that did not have an updated list of staff training in implementing the plan. A call was made to the manager at that site on 2-16-06 requesting a response to the QAOS sheets. They were received and accepted.

IV. Incident Management

APS

The following is the listing and outcomes of APS referrals for RSD services and programs:

-Kathy Group Home:

September 30, 2005—Referral alleging sexual abuse of () by a GH staff. The conclusion was that the investigation did not reveal sexual maltreatment but that some inappropriate comments were made on the part of staff. The APS worker discussed these comments with the staff person in question. APS recommended a training session be held with all staff regarding client rights, privacy, appropriate touch and the treatment of individuals as adults. RSD was requested to respond to in writing and have done so satisfactorily.

-Beartooth-White Group Home:

-November 17, 2005—Referral alleging physical abuse/maltreatment of () by a GH staff. The investigation revealed there was physical contact between the staff and the individual. Physical abuse/maltreatment was not indicated, however, APS did recommend RSD continue to provide training for staff regarding acceptable interactions with individuals. RSD responding in writing, as requested, outlining training to be provided to staff in a satisfactory manner.

-August 17, 2005—Referral alleging physical abuse/maltreatment of () by a GH staff. The investigation revealed there was physical contact between staff and the individual in the form of tickling. Abuse/maltreatment was not indicated. APS recommended training for staff on acceptable interactions with individuals. RSD responded satisfactorily with training for staff in this area.

-August 13, 2005—Referral alleging physical neglect of () by a GH staff. APS did not find maltreatment in this case but did make recommendations for training for staff on placing individuals in uncomfortable or unfamiliar situations. RSD has profiles spelling out under what conditions folks can be left alone for all staff to review as per the APS recommendations.

-August 4, 2005—Referral alleging maltreatment of () by a GH staff during an outing. APS did not find maltreatment in this case but felt staff needed more training on seizure disorders. The IP team met and agreed a protocol for dealing with () seizures needed to be revisited with the input of his neurologist. This was completed and staff have been trained on the procedure to follow.

Snowy Mountain Industries-Mt. Pleasant Group Home:

-October 12, 2005—Referral alleging physical abuse of () by a GH staff. The APS investigation of physical abuse was Closed Without Finding. The APS worker did make recommendations in regard to prompt and thorough completion of incident reports, appropriate reporting to APS and training on how to react and manage combative behavior. RSD responded in writing with their plan to accomplish these recommendations. Through the staff interviews done during the annual review process, it appears staff have been trained in these areas.

-October 14, 2005—Referral alleging physical abuse of () by a GH staff. The allegation of abuse was indicated by APS. RSD took appropriate action in initially suspending the staff during the investigation. The staff is no longer employed by RSD. The recommendations from APS are the same as noted in the October 12, 2005 referral and RSD has adequately addressed the issues. DDP provided training with

RSD staff on mandatory reporting in November 2005.

Snowy Mountain Industries-Supported Living:

-February 9 and February 15, 2006—Two referrals alleging sexual abuse of Both referrals are alleging the same type of abuse by two separate potential perpetrators, a family friend and a RSD employee. RSD has suspended this staff employment until the issue has been resolved according to policy. APS has turned the investigation over to the police. This case is open and pending further investigation at this time.

Incident Reporting

-RSD has developed an Incident Management Committee in compliance with the new Incident Management Policy. Participants from all satellite offices participate via a conference call as well as the QIS and a case manager from Central Montana Medical Center. The Incident Management Coordinator has been very efficient in managing this daunting task.

Since the implementation of the new Incident Management Policy at RSD there have been 49 critical incidents.

B. Work/day/community Employment

Accomplishments

-RSD is working on a grant project to replace the work site in Lewistown.

Programmatic Deficiencies

-No programmatic deficiencies were noted.

Corrections to Deficiencies

-No corrections to deficiencies were required.

I. Health and Safety

Vehicles

-See above under residential

Consumers

-See above under residential

Medication Safety

-See above under residential.

Sites

-All work/day program sites were visited during the course of the year and as part of the annual Quality Assurance Review.

-At Snowy Mountain Industries, the manager pointed out the women's bathroom flooring around the toilet was coming up and the wood trim around the stall appeared to be molding. A QAOS sheet was written on 5-16-05 regarding this problem. RSD responded and the work to the bathroom was completed.

-Also at SMI, on 9-15-05 a QAOS sheet was completed to address the sinks in the kitchen area leaking as well as a drainage and overflow issue in the men's bathroom. This QAOS sheet was responded to and the work on the plumbing was fixed.

II. Service Planning and Delivery

Individual Planning

-Individual records for a 10% sample of individuals served were reviewed at each of the work/day program sites with no trend deficiencies noted. All plans were found to be based on the individual's wishes and assessment data. We appreciate getting the summaries of assessments prior to the planning meetings so all team members can be prepared. The objectives were being implemented with very few exceptions as specified in the Individual Plans. (BTI-H and SMI) These issues should have been discovered during internal monitoring and IP Quarterly Status Reviews. No trends were noted. I would suggest a review of internal monitoring procedures in regards to IP goal implementation. A QAOS sheet was written on 2-24-06 as a commendation for BTI for their efforts in attaining volunteer work sites and

creating consumer businesses.

Leisure/recreation

-The day/work services objectives related to leisure and recreational activities were found to be implemented and documented.

Client Rights

-See above under residential.

Medical/health Care

-See above under residential.

Emotional Responsible Care Giving

-See above under residential.

Consumer Surveys

-See above under residential.

Agency's Consumer Satisfaction Surveys

-See above under residential.

III. Staffing

Screening/hiring

-See above under residential.

Orientation/training

-See above under residential.

Ratios

-During the course of the year, there were no incidences of staff ratios being out of compliance with the contract at any of the RSD day/work sites.

Staff Surveys

-See above under residential.

IV. Incident Management

--**Issues**—There was a recommendation made by DDP as an outcome of a critical incident investigation to develop an interagency agreement with a residential provider. One meeting was held to get the agreement going but it was never finalized. This needs to be completed. RSD has committed to schedule this meeting in August for September and get the agreement completed.

APS

Billings Training Industries-West:

-August 24, 2005—Referral alleging physical abuse of [redacted] by a staff person. APS determined Adult Maltreatment Not Indicated. No recommendations were made and this case was closed. RSD staff did indicate they would be doing some training with staff on how to assist other staff in stressful situations.

Billings Training Industries-Heights:

-May 18, 2005—Referral alleging physical and psychological (mental) abuse of [redacted] by a staff member. APS did investigate this referral and found adult maltreatment was not indicated. In regard to the allegation of psychological (mental/verbal) abuse, adult maltreatment was indicated. RSD took appropriate action in restricting the staff person's work responsibilities so he was not alone with any individuals. The APS recommendations included the review of behavior protocols or programs with staff, continue to monitor and educate staff on acceptable tone and what constitutes abuse, neglect and exploitation and client rights. The APS worker also recommended this staff not be relied upon so heavily to deal with behavior problems and to educate other staff so they are confident in dealing with behaviors. RSD adequately addressed the recommendations and this case has been closed.

Incident Reporting

-See above under residential.

C. Community Supports

Accomplishments

Programmatic Deficiencies

-No programmatic deficiencies were noted.

Corrections to Deficiencies

-No corrections to deficiencies were required.

I. Health and Safety**Vehicles**

-See above under residential.

Consumers

-Health and safety needs of all Community Supports recipients served by RSD are being met.

Medication Safety

-None of the Community Support agreements include provisions for assisting with medication administration.

Sites

-All individuals served either live independently or with family so on-site visits to residence were not included in this review. Two of the individuals receiving Community Supports funding attend RSD day programs. (1-Beartooth Industries, 1 Snowy Mountain Industries)

II. Service Planning and Delivery**Individual Planning**

-All files of persons receiving Community Supports funding through RSD were reviewed. The plans were all based on provider assessment data, the Essential Needs Assessment and were being implemented as directed by the plan. Two individuals in Community Supports exited service as their family was moving out of state.

Leisure/recreation

-All plans in the Community Supports program that include leisure and/or recreational activities are being implemented.

Client Rights

-No issues concerning client rights were identified for the individuals served in this program.

Medical/health Care

-Medical and health care needs were found to be met for individuals served.

Emotionally Responsible Care Giving

-See above under residential.

Consumer Surveys

- All Community Support files also included the appropriate consumer surveys.

Agency's Consumer Satisfaction Surveys

-See above under residential.

III. Staffing**Screening/hiring**

-The CS staff were included in the screening/hiring above under residential.

Orientation/training

-All CS staff were oriented. See further comments under residential.

Ratios

-Not applicable.

Staff Surveys

-The CS staff were included in the staff surveys above under the residential.

IV. Incident Management**APS**

-No referrals to APS were made involving individual served in the Community Supports Program.

Incident Reporting

-See above under residential.

D. Transportation**Accomplishments****Programmatic Deficiencies**

-No programmatic deficiencies were noted.

Corrections to Deficiencies

-No corrections to deficiencies were required.

RSD provides contracted transportation services in Hardin at Big Horn Industries. RSD has an in-depth Driver Orientation and Safety Checklist all staff sign off on following the review of these materials. There are maintenance checklists as per policy and all data is sent to the RSD main office. The policy for checking current driver's licenses is followed.

Conclusion

I would like to thank RSD staff throughout Region 3 for their assistance and patience through the annual review process. It is evident that RSD staff are all committed to the people receiving services and in many regards, go above and beyond the call of duty to be sure needs are being met. A big thank you to all of you!

Findings Closed

-All findings identified through Quality Assurance Observation Sheets are closed.

Findings Open/plan of Correction

-There is one APS referral that had been turned over to the police for investigation in Lewistown. Those findings remain open waiting for the police to complete the investigation. There are no other findings remaining open and no plans of correction are required.